



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2015
OF THE CONDITION AND AFFAIRS OF THE
Arcadian Health Plan, Inc.

NAIC Group Code	<u>0119</u> (Current)	<u>0119</u> (Prior)	NAIC Company Code	<u>12151</u>	Employer's ID Number	<u>20-1001348</u>
Organized under the Laws of	<u>Washington</u>		State of Domicile or Port of Entry		<u>Washington</u>	
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	<u>Health Maintenance Organization</u>					
Is HMO Federally Qualified?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]					
Incorporated/Organized	<u>04/06/2004</u>		Commenced Business		<u>01/01/2005</u>	
Statutory Home Office	<u>300 Deschutes Way SW, Suite 304</u> (Street and Number)		<u>Tumwater, WA, US 98501</u> (City or Town, State, Country and Zip Code)			
Main Administrative Office	<u>500 West Main Street</u> (Street and Number)		<u>502-580-1000</u> (Area Code) (Telephone Number)			
	<u>Louisville, KY, US 40202</u> (City or Town, State, Country and Zip Code)					
Mail Address	<u>P.O. Box 740036</u> (Street and Number or P.O. Box)		<u>Louisville, KY, US 40201-7436</u> (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	<u>500 West Main Street</u> (Street and Number)		<u>502-580-1000</u> (Area Code) (Telephone Number)			
	<u>Louisville, KY, US 40202</u> (City or Town, State, Country and Zip Code)					
Internet Website Address	<u>www.humana.com</u>					
Statutory Statement Contact	<u>Liz Young</u> (Name)		<u>502-580-3025</u> (Area Code) (Telephone Number)			
	<u>DOIINQUIRIES@humana.com</u> (E-mail Address)		<u>502-580-2099</u> (FAX Number)			

OFFICERS

President & CEO	<u>Bruce Dale Broussard</u>	Sr. VP & CFO	<u>Brian Andrew Kane</u>
VP & Corporate Secretary	<u>Joan Olliges Lenahan</u>	VP & Appointed Actuary	<u>Jonathan Albert Canine</u>

OTHER


<u>Alan James Bailey</u> VP & Treasurer	<u>Elizabeth Diane Bierbower</u> Pres, Employer Group Segment	<u>John Gregory Catron</u> VP & Chief Compliance Officer
<u>Mark Sobhi El-Tawil</u> VP & Div. Leader - Western Div.	<u>Jeffrey Carl Fernandez</u> # Segment VP, Medicare: West	<u>Roy Goldman</u> VP & Chief Actuary
<u>Charles Frederic Lambert III</u> Vice President	<u>Brian Phillip LeClaire</u> Sr.VP & Chief Info Officer	<u>Steven Edward McCulley</u> SVP, Medicare Operations
<u>William Mark Preston</u> VP-Investment Management	<u>Richard Donald Remmers</u> VP, Employer Group Segment	<u>George Renaudin</u> Seg. VP, Medicare: East
<u>Donald Hank Robinson</u> Vice President - Tax	<u>Joseph Christopher Ventura</u> Assistant Corporate Secretary	<u>Timothy Alan Wheatley</u> President, Retail Segment
<u>Ralph Martin Wilson</u> Vice President		

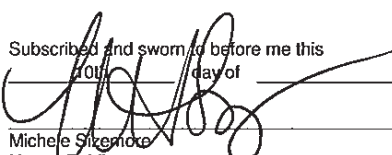
DIRECTORS OR TRUSTEES

<u>Roy Ainsworth Beveridge M.D.</u>	<u>Bruce Dale Broussard</u>	<u>James Elmer Murray</u>
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State of Kentucky SS:
County of Jefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Bruce Dale Broussard President & CEO	 Joan Olliges Lenahan VP & Corporate Secretary	 Alan James Bailey VP & Treasurer
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Subscribed and sworn to before me this 10th day of August, 2015

Michele H. Sizemore
Notary Public
January 3, 2019

- a. Is this an original filing? Yes [☒] No [☐]
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Michele H. Sizemore
State at Large
Kentucky
My Commission Expires Jan. 3, 2019

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	44,331,567	0	44,331,567	46,465,173
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	8,501,198	0	8,501,198	9,034,397
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$(431,852)), cash equivalents (\$0) and short-term investments (\$2,120,698)	1,688,846	0	1,688,846	2,912,048
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	1,520,000	0	1,520,000	1,330,000
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	56,041,611	0	56,041,611	59,741,618
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	347,208	0	347,208	329,418
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,037,730	58,682	1,979,048	81,471
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums	516,726	0	516,726	276,034
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	3,662,120	0	3,662,120	3,313,889
18.1 Current federal and foreign income tax recoverable and interest thereon	839,759	0	839,759	0
18.2 Net deferred tax asset	1,222,542	25,553	1,196,989	1,196,989
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	9,069	0	9,069	36,312
21. Furniture and equipment, including health care delivery assets (\$0)	159	159	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$922,964) and other amounts receivable	1,009,406	3,420	1,005,986	699,753
25. Aggregate write-ins for other than invested assets	3,975,700	378,741	3,596,959	3,437,206
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	69,662,030	466,555	69,195,475	69,112,690
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	69,662,030	466,555	69,195,475	69,112,690
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Risk Adjustment Premium Receivables	3,596,959	0	3,596,959	3,437,206
2502. Prepaid Commissions	322,877	322,877	0	0
2503. Deposits	53,017	53,017	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	2,847	2,847	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	3,975,700	378,741	3,596,959	3,437,206

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	8,613,252	620,761	9,234,013	7,636,877
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	99,809	0	99,809	100,876
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	355,485	0	355,485	310,248
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	49,684	0	49,684	50,661
9. General expenses due or accrued	1,221,030	0	1,221,030	477,163
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses))	0	0	0	1,933,818
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others.....	613	0	613	1,131
13. Remittances and items not allocated	178,009	0	178,009	190,848
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	2,723,187	0	2,723,187	252,870
16. Derivatives	0	0	0	0
17. Payable for securities	735,099	0	735,099	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	403,786	0	403,786	264,800
23. Aggregate write-ins for other liabilities (including \$53,879 current)	53,879	0	53,879	15,339
24. Total liabilities (Lines 1 to 23)	14,433,833	620,761	15,054,594	11,234,631
25. Aggregate write-ins for special surplus funds	XXX	XXX	621,162	1,440,149
26. Common capital stock	XXX	XXX	600,000	600,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	68,704,510	68,701,699
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(15,784,791)	(12,863,789)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$0)	XXX	XXX	0	0
32.20 shares preferred (value included in Line 27 \$0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	54,140,881	57,878,059
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	69,195,475	69,112,690
DETAILS OF WRITE-INS				
2301. Risk Adjustment Premium Payables	53,879	0	53,879	15,339
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	53,879	0	53,879	15,339
2501. Special Surplus – Projected HCRL Assessment for the Upcoming Year	XXX	XXX	621,162	1,440,149
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	621,162	1,440,149
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	45,123	42,323	81,389
2. Net premium income (including \$0 non-health premium income).....	XXX	35,292,980	36,442,316	70,060,671
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	0	0
4. Fee-for-service (net of \$0 medical expenses).....	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	35,292,980	36,442,316	70,060,671
Hospital and Medical:				
9. Hospital/medical benefits	2,223,836	28,649,812	20,607,321	41,537,469
10. Other professional services	0	950,303	746,249	1,537,365
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	105,560	1,498,252	817,956	2,600,251
13. Prescription drugs	0	3,552,493	3,360,270	5,056,477
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0
16. Subtotal (Lines 9 to 15)	2,329,396	34,650,860	25,531,796	50,731,562
Less:				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	2,329,396	34,650,860	25,531,796	50,731,562
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$1,630,265 cost containment expenses	0	1,848,269	1,393,336	2,961,846
21. General administrative expenses	0	4,147,230	4,910,496	8,054,912
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	2,329,396	40,646,359	31,835,628	61,748,320
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(5,353,379)	4,606,688	8,312,351
25. Net investment income earned	0	688,965	1,826,795	2,536,813
26. Net realized capital gains (losses) less capital gains tax of \$19,208	0	35,673	(277,393)	(18,606)
27. Net investment gains (losses) (Lines 25 plus 26)	0	724,638	1,549,402	2,518,207
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)].....	0	0	0	0
29. Aggregate write-ins for other income or expenses	0	(279)	16	(283)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(4,629,020)	6,156,106	10,830,275
31. Federal and foreign income taxes incurred	XXX	(1,597,759)	1,289,864	3,320,857
32. Net income (loss) (Lines 30 minus 31)	XXX	(3,031,261)	4,866,242	7,509,418
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Miscellaneous Income	0	7	16	45
2902. Loss on Disposal	0	(286)	0	(328)
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(279)	16	(283)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	57,878,059	70,334,818	70,334,818
34. Net income or (loss) from Line 32	(3,031,261)	4,866,242	7,509,418
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$0	(533,199)	(591,772)	(98,452)
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	(272,534)
39. Change in nonadmitted assets	(175,529)	417,210	399,887
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in	2,811	2,065	4,922
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	(20,000,000)	(20,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	(3,737,178)	(15,306,255)	(12,456,759)
49. Capital and surplus end of reporting period (Line 33 plus 48)	54,140,881	55,028,563	57,878,059
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	33,089,090	31,660,717	68,592,559
2. Net investment income	833,696	2,156,941	3,100,685
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	33,922,786	33,817,658	71,693,244
5. Benefit and loss related payments	33,273,722	42,725,851	70,242,566
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	5,462,223	6,330,317	13,041,511
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 89,687 tax on capital gains (losses)	1,195,026	(2,631,007)	(3,171,812)
10. Total (Lines 5 through 9)	39,930,971	46,425,161	80,112,265
11. Net cash from operations (Line 4 minus Line 10)	(6,008,185)	(12,607,503)	(8,419,021)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	9,229,492	34,919,598	47,968,159
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	735,519	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	9,965,011	34,919,598	47,968,159
13. Cost of investments acquired (long-term only):			
13.1 Bonds	7,203,946	1,118,195	14,896,226
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	190,000	800,000	1,330,000
13.7 Total investments acquired (Lines 13.1 to 13.6)	7,393,946	1,918,195	16,226,226
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	2,571,065	33,001,403	31,741,933
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	2,811	2,065	4,922
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	20,000,000	20,000,000
16.6 Other cash provided (applied)	2,211,107	1,831,265	696,763
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	2,213,918	(18,166,670)	(19,298,315)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,223,202)	2,227,230	4,024,597
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,912,048	(1,112,549)	(1,112,549)
19.2 End of period (Line 18 plus Line 19.1)	1,688,846	1,114,681	2,912,048

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	6,958	0	0	0	0	183	0	6,775	0	0
2. First Quarter	7,477	0	0	0	0	277	0	7,200	0	0
3. Second Quarter	7,740	0	0	0	0	338	0	7,402	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	45,123	0	0	0	0	1,717	0	43,406	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	64,143	0	0	0	0	0	0	64,143	0	0
8. Non-Physician	55,462	0	0	0	0	0	0	55,462	0	0
9. Total	119,605	0	0	0	0	0	0	119,605	0	0
10. Hospital Patient Days Incurred	12,847	0	0	0	0	0	0	12,847	0	0
11. Number of Inpatient Admissions	1,198	0	0	0	0	0	0	1,198	0	0
12. Health Premiums Written (a)	35,292,980	0	0	0	0	34,451	0	35,252,044	0	6,485
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	35,292,980	0	0	0	0	34,451	0	35,252,044	0	6,485
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	33,273,668	0	0	0	0	31,507	0	33,242,161	0	0
18. Amount Incurred for Provision of Health Care Services	34,650,860	0	0	0	0	34,506	0	34,616,354	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$35,252,044

STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	2,839	28,668	142	4,217	2,981	1,360
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	7,672,660	25,569,501	401,590	8,828,064	8,074,250	7,635,517
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	7,675,499	25,598,169	401,732	8,832,281	8,077,231	7,636,877
10. Healthcare receivables (a)	0	916,195	0	0	0	696,251
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Lines 9-10+11+12)	7,675,499	24,681,974	401,732	8,832,281	8,077,231	6,940,626

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

STATEMENT AS OF June 30, 2015 OF Arcadian Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Washington Office of Insurance.

The Washington Office of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Washington for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Washington Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Washington. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Washington is shown below:

	State of Domicile	2015	2014
Net (Loss)/Income			
1. Arcadian Health Plan, Inc. Washington basis	WA	\$ (3,031,261)	\$ 7,509,418
2. State Prescribed Practices that increase/(decrease) NAIC SAP	WA	-	-
3. State Permitted Practices that increase/(decrease) NAIC SAP	WA	-	-
4. NAIC SAP	WA	\$ <u>(3,031,261)</u>	\$ <u>7,509,418</u>
Surplus			
5. Arcadian Health Plan, Inc. Washington basis	WA	\$ 54,140,881	\$ 57,878,059
6. State Prescribed Practices that increase/(decrease) NAIC SAP	WA	-	-
7. State Permitted Practices that increase/(decrease) NAIC SAP	WA	-	-
8. NAIC SAP	WA	\$ <u>54,140,881</u>	\$ <u>57,878,059</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.
- (2-4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

Amortization of bond premium or discount is computed using the scientific interest method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

NOTES TO THE FINANCIAL STATEMENTS

- (5) Not Applicable.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) The Company accounts for its investments in subsidiaries using the audited statutory equity method of accounting.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

- (12) The Company has not modified its capitalization policy from the prior period.

Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.
- (13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.
- (14) Not Applicable.
- (15) Not Applicable.

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Not Applicable.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at June 30, 2015.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at June 30, 2015:

(a) The aggregate amount of unrealized losses:		
1. Less than Twelve Months	\$	(31,338)
2. Twelve Months or Longer	\$	(543,048)
(b) The aggregate related fair value of securities with unrealized losses:		
1. Less than Twelve Months	\$	2,578,884
2. Twelve Months or Longer	\$	6,872,353

The unrealized losses at June 30, 2015 were primarily due to increases in market interest rates and tighter liquidity conditions in the current markets than when the securities were purchased. All issuers of securities trading at an unrealized loss remain current on all contractual payments and the Company believes it is probable that all amounts due according to the contractual terms of the debt securities are collectible. After taking into account these and other factors, including the severity of the decline and the Company's ability and intent to hold these securities until recovery or maturity, the Company determined the unrealized losses on these investment securities were temporary and, as such, no impairment was required.

(5) Not Applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

(1) The Company has no repurchase agreements or securities lending transactions.

(2) The Company has not pledged any of its assets as collateral.

(3-7) Not Applicable.

F. Real Estate

Not Applicable.

G. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

STATEMENT AS OF June 30, 2015 OF Arcadian Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	11,667,275	11,325,435	341,840	11,667,275	16.72%	16.83%
k. On deposit with other regulatory bodies	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-
o. Total Restricted Assets	\$ 11,667,275	\$ 11,325,435	\$ 341,840	\$ 11,667,275	16.72%	16.83%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

(3) Detail of Other Restricted Assets Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

I. Working Capital Finance Investments

Not Applicable.

J. Offsetting and Netting of Assets and Liabilities

Not Applicable.

K. Structured Notes

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

- B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

STATEMENT AS OF June 30, 2015 OF Arcadian Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

9. Income Taxes

No material change since year-end December 31, 2014.

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-F. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2014 and 2013 were \$9,211,345 and \$8,202,283, respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana Inc. is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

No dividends were paid by the Company as of June 30, 2015.

At June 30, 2015, the Company reported \$2,723,187 due to Humana Inc. Amounts due to or from parent are generally settled within 30 days.

G. All outstanding shares of the Company are owned by the Parent Company.

H. Not Applicable.

I. The Company owns a 60% interest in Humana Regional Health Plan, Inc., whose carrying value is equal to or exceeds 10% of the admitted assets of the Company. The Company accounts for Humana Regional Health Plan, Inc. using the audited statutory equity method of accounting. There is no difference between the amount at which the investment is carried and the amount of underlying equity in net assets of Humana Regional Health Plan, Inc. The statement value of Humana Regional Health Plan, Inc.'s assets, liabilities and surplus as of June 30, 2015 was \$17,136,460, \$2,967,592, and \$14,168,868 respectively. Humana Regional Health Plan, Inc. had net income of \$(777,122) for the quarter ended June 30, 2015.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

11. Debt

A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

No material change since year-end December 31, 2014.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable.

STATEMENT AS OF June 30, 2015 OF Arcadian Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has \$10 par value common stock with 60,000 shares authorized and 60,000 shares issued and 60,000 outstanding. All shares are common stock shares.
- (2) The Company has no preferred stock outstanding.
- (3-5) Dividends are noncumulative and are paid as determined by the Board of Directors. Dividends are subject to the approval of the Washington Office of Insurance if such dividend distribution exceeds the lesser of the Company's prior year net operating profits or 10 percent of policyholders surplus funds derived from realized net operating profits.

Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

No dividends were paid by the Company as of June 30, 2015.

- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Changes in balances of special surplus funds from the prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2016.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(533,199).
- (11) Not Applicable.
- (12) Not Applicable.
- (13) Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of June 30, 2015.

15. Leases

No material change since year-end December 31, 2014.

16. Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no investment in Financial Instruments with Off- Balance Sheet Risk or Concentrations of Credit Risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not Applicable.

STATEMENT AS OF June 30, 2015 OF Arcadian Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.
- (2) As of June 30, 2015, the Company has recorded a receivable from CMS of \$3,662,120 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at June 30, 2015.

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2014 and June 30, 2015.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not Applicable.

(3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2014 and June 30, 2015.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended June 30, 2015.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

- C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Not Applicable.

- D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

21. Other Items

- A. Extraordinary Items

Not Applicable.

- B. Troubled Debt Restructuring: Debtors

Not Applicable.

- C. Other Disclosures and Unusual Items

Not Applicable.

- D. Business Interruption Insurance Recoveries

Not Applicable.

- E. State Transferable and Non-transferable Tax Credits

Not Applicable.

- F. Subprime Mortgage Related Risk Exposure

(1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

- (2) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

- (3) Direct exposure through other investments:

- a. Residential mortgage backed securities – No substantial exposure noted.
- b. Commercial mortgage backed securities – No substantial exposure noted.
- c. Collateralized debt obligations – No substantial exposure noted.
- d. Structured securities – No substantial exposure noted.
- e. Equity investment in SCAs – No substantial exposure noted.
- f. Other assets – No substantial exposure noted.
- g. Total – No substantial exposure noted.

- (4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

- G. Retained Assets

Not Applicable.

22. Events Subsequent

On July 2, 2015, Humana entered into an Agreement and Plan of Merger with Aetna Inc. and certain wholly owned subsidiaries of Aetna Inc. which sets forth the terms and conditions under which Humana will merge with, and become a wholly owned subsidiary of Aetna Inc. The merger is expected to close in the second half of 2016.

The Company is not aware of any other events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through August 12, 2015 for the Statutory Statement issued on August 12, 2015.

STATEMENT AS OF June 30, 2015 OF Arcadian Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10.0 percent or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10.0 percent or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.

- B. The Company records accrued retrospective premium as an adjustment to earned premiums.

- C. The amount of net premiums written by the Company at June 30, 2015 that are subject to retrospective rating features was \$35,252,044, or 99.88% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

- D. Medical loss ratio rebates required pursuant to the Public Health Service Act

Not Applicable.

- E. Risk Sharing Provisions of the Affordable Care Act

Not Applicable.

STATEMENT AS OF June 30, 2015 OF Arcadian Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2014 were \$7,709,504. As of June 30, 2015, \$7,748,493 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$405,552 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$444,542 unfavorable prior-year development since December 31, 2014. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The Company did not experience any material prior year claim development on retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2015	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2015	-	-	-	-	-
6/30/2015	916,072	916,072	-	-	-
3/31/2015	758,248	758,248	757,895	-	-
12/31/2014	683,514	683,514	683,514	-	-
9/30/2014	843,869	843,869	840,460	-	-
6/30/2014	956,656	956,656	947,034	7,334	1576
3/31/2014	991,513	991,513	976,623	12,552	1420
12/31/2013	1,442,886	1,442,886	1,435,977	6,909	-
9/30/2013	1,084,646	1,084,646	1,081,627	1,781	1,238
6/30/2013	1,050,086	1,050,086	1,050,086	-	-
3/31/2013	1,372,973	1,372,973	1,372,843	-	130

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

Not Applicable.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [X] No []

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [] No [X] N/A []

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2012

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2012

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

02/17/2014

6.4

By what department or departments?
Washington Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [X] No [] N/A []

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [X] No []
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
Revised based on general policy and regulatory changes
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....0

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0
13.

Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [X] No []
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
Carrying Value |
| 14.21 Bonds | \$.....0 | \$.....0 |
| 14.22 Preferred Stock | \$.....0 | \$.....0 |
| 14.23 Common Stock | \$.....9,034,397 | \$.....8,501,198 |
| 14.24 Short-Term Investments | \$.....0 | \$.....0 |
| 14.25 Mortgage Loans on Real Estate | \$.....0 | \$.....0 |
| 14.26 All Other | \$.....0 | \$.....0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$.....9,034,397 | \$.....8,501,198 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$.....0 | \$.....0 |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No []

STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

16.3 Total payable for securities lending reported on the liability page.
- \$

\$

\$
- 0

0

0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
- Yes
- [X]
- No
- []

- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JP Morgan Chase	4 Metro Tech Center, 16th Floor Mail Code: NY1-C512, Brooklyn, NY 11245, Attn: Barbara J. Walsh

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
- Yes
- []
- No
- [X]

- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
107105.00	Blackrock, Inc.	55 East 52nd Street, New York, NY 10055

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
- Yes
- [X]
- No
- []

- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

102.8 %

1.2 A&H cost containment percent

4.6 %

1.3 A&H expense percent excluding cost containment expenses

12.6 %
- 2.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$0
- 2.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
NONE								

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

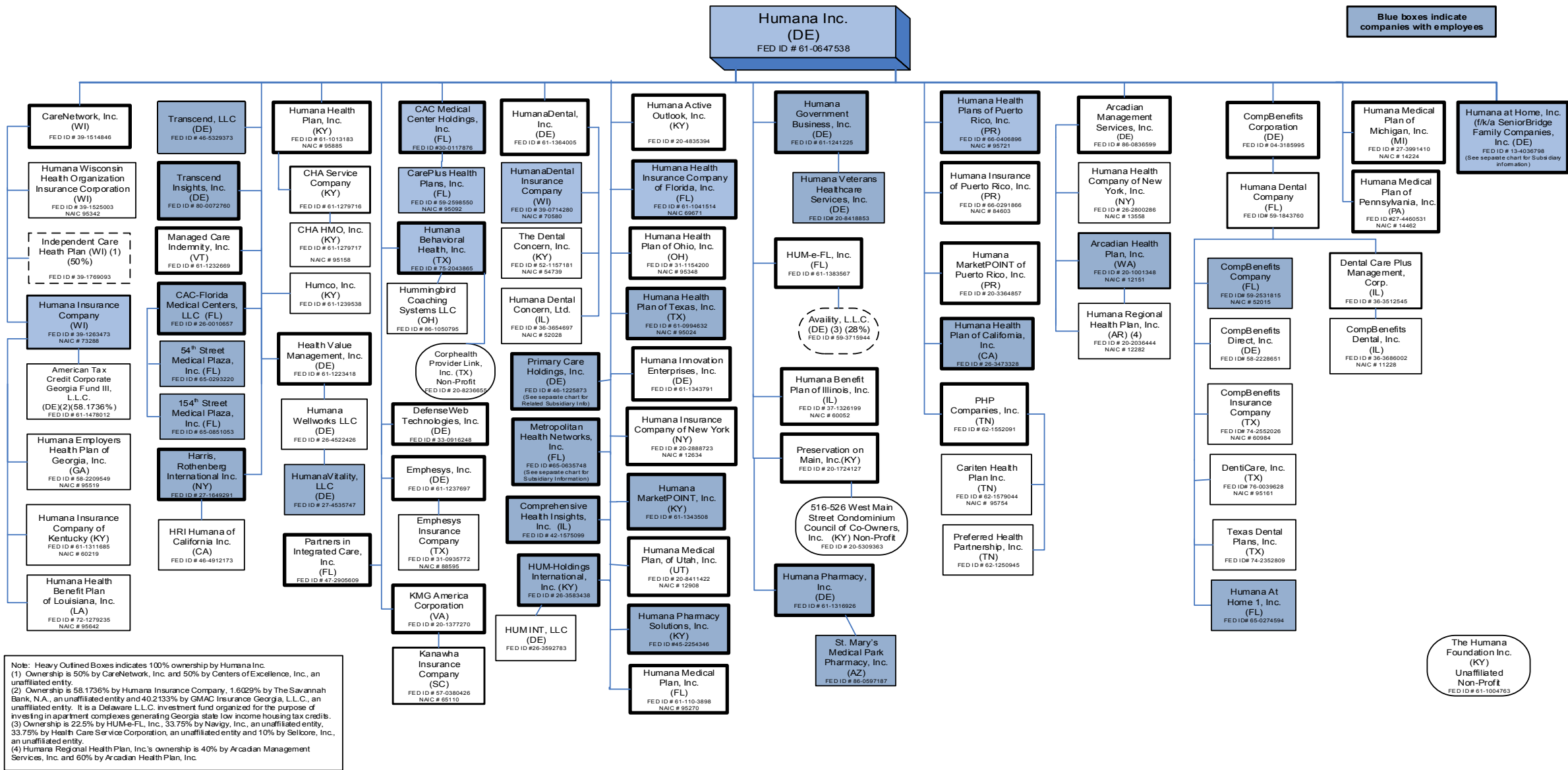
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
States, etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N	0	0	0	0	0	0	0
2.	Alaska	AK	N	0	0	0	0	0	0	0
3.	Arizona	AZ	L	0	(9,888)	0	0	0	(9,888)	0
4.	Arkansas	AR	N	0	0	0	0	0	0	0
5.	California	CA	L	0	(4,357)	0	0	0	(4,357)	0
6.	Colorado	CO	N	0	0	0	0	0	0	0
7.	Connecticut	CT	N	0	0	0	0	0	0	0
8.	Delaware	DE	N	0	0	0	0	0	0	0
9.	District of Columbia	DC	N	0	0	0	0	0	0	0
10.	Florida	FL	N	0	0	0	0	0	0	0
11.	Georgia	GA	N	0	0	0	0	0	0	0
12.	Hawaii	HI	N	0	0	0	0	0	0	0
13.	Idaho	ID	N	0	0	0	0	0	0	0
14.	Illinois	IL	N	0	0	0	0	0	0	0
15.	Indiana	IN	L	0	0	0	0	0	0	0
16.	Iowa	IA	N	0	0	0	0	0	0	0
17.	Kansas	KS	N	0	0	0	0	0	0	0
18.	Kentucky	KY	L	0	0	0	0	0	0	0
19.	Louisiana	LA	N	0	0	0	0	0	0	0
20.	Maine	ME	L	7,602	23,058,231	0	0	0	23,065,833	0
21.	Maryland	MD	N	0	0	0	0	0	0	0
22.	Massachusetts	MA	N	0	0	0	0	0	0	0
23.	Michigan	MI	N	0	0	0	0	0	0	0
24.	Minnesota	MN	N	0	0	0	0	0	0	0
25.	Mississippi	MS	N	0	0	0	0	0	0	0
26.	Missouri	MO	L	0	3,864	0	0	0	3,864	0
27.	Montana	MT	N	0	0	0	0	0	0	0
28.	Nebraska	NE	N	0	0	0	0	0	0	0
29.	Nevada	NV	N	0	0	0	0	0	0	0
30.	New Hampshire	NH	L	33,375	12,202,232	0	0	0	12,235,607	0
31.	New Jersey	NJ	N	0	0	0	0	0	0	0
32.	New Mexico	NM	N	0	0	0	0	0	0	0
33.	New York	NY	N	0	0	0	0	0	0	0
34.	North Carolina	NC	N	0	0	0	0	0	0	0
35.	North Dakota	ND	N	0	0	0	0	0	0	0
36.	Ohio	OH	N	0	0	0	0	0	0	0
37.	Oklahoma	OK	N	0	0	0	0	0	0	0
38.	Oregon	OR	N	0	0	0	0	0	0	0
39.	Pennsylvania	PA	N	0	0	0	0	0	0	0
40.	Rhode Island	RI	N	0	0	0	0	0	0	0
41.	South Carolina	SC	L	0	(8,196)	0	0	0	(8,196)	0
42.	South Dakota	SD	N	0	0	0	0	0	0	0
43.	Tennessee	TN	N	0	0	0	0	0	0	0
44.	Texas	TX	L	(41)	(5,700)	0	0	0	(5,741)	0
45.	Utah	UT	N	0	0	0	0	0	0	0
46.	Vermont	VT	N	0	0	0	0	0	0	0
47.	Virginia	VA	L	0	(2,889)	0	0	0	(2,889)	0
48.	Washington	WA	L	0	18,747	0	0	0	18,747	0
49.	West Virginia	WV	L	0	0	0	0	0	0	0
50.	Wisconsin	WI	N	0	0	0	0	0	0	0
51.	Wyoming	WY	N	0	0	0	0	0	0	0
52.	American Samoa	AS	N	0	0	0	0	0	0	0
53.	Guam	GU	N	0	0	0	0	0	0	0
54.	Puerto Rico	PR	N	0	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57.	Canada	CAN	N	0	0	0	0	0	0	0
58.	Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59.	Subtotal	XXX	40,936	35,252,044	0	0	0	0	35,292,980	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61.	Totals (Direct Business)	(a) 12	40,936	35,252,044	0	0	0	0	35,292,980	0
DETAILS OF WRITE-INS										
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.

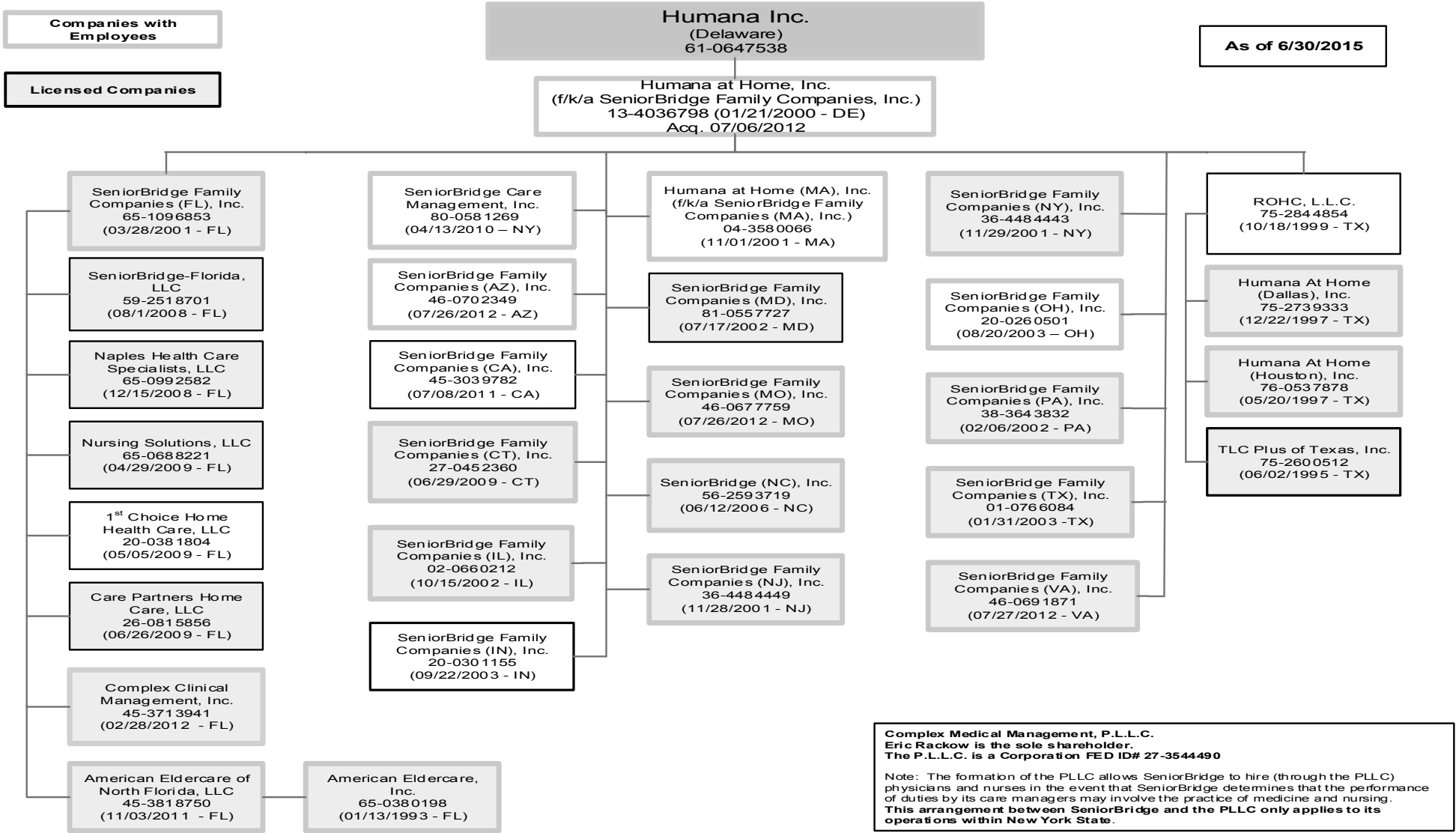
STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

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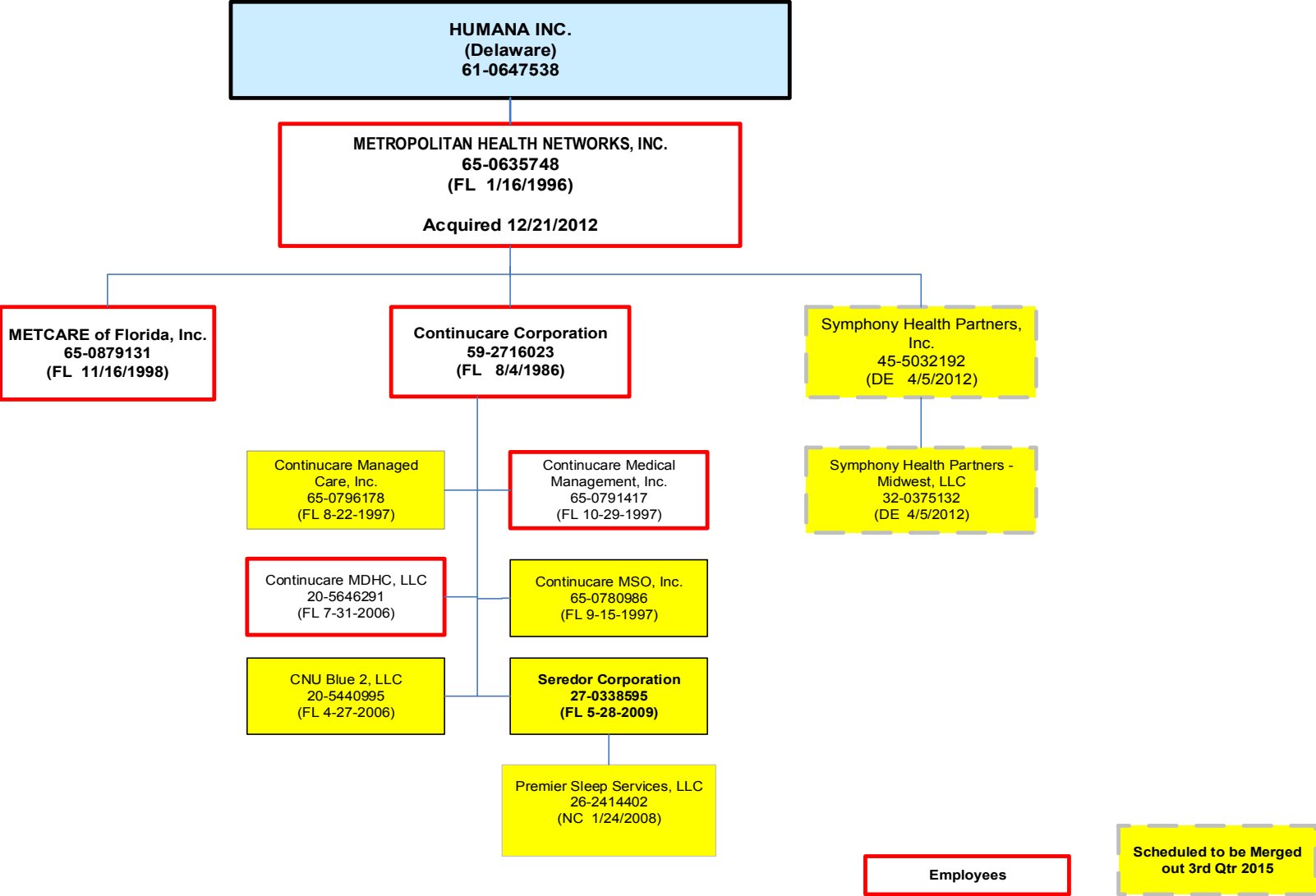
STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

15.1



STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

As of 6-30-2015



SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0119	Humana Inc.	00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA		Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5309363				515-526W MainSt CondoCouncil of Co-Owners	KY	NIA	Preservation on Main, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3818750				American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0380198				American Eldercare, Inc.	FL	NIA		Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12151	20-1001348				Arcadian Health Plan, Inc.	WA	RE	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-0836599				Arcadian Management Services, Inc.	DE	UDP	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 1	Board of Directors	0.000	Humana Inc.	1
0119	Humana Inc.	00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc. SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-0815856				Care Partners Home Care, LLC	FL	NIA		Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	CPHP Holdings, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95158	61-1279717				CHA HMO, Inc.	KY	IA	CHA Service Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1279716				CHA Service Company	KY	NIA	Humana Health Plan, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5440995				CNU Blue 2, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA		Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	42-1575099				Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0796178				Continucare Managed Care, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-8236655				Corphealth Provider Link, Inc.	TX	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2043865				Humana Behavioral Health, Inc.	TX	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	33-0916248				DefenseWeb Technologies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	88595	31-0935772				Emphesys Insurance Company	TX	IA	Emphesys, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1237697				Emphesys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-4912173				HRI Humana of California Inc.	CA	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3592783				HUM INT, LLC	DE	NIA	HUM-Holdings International, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3580066				Humana at Home (MA), Inc.	MA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0274594				Humana at Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	..IL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	..FL	..NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.52028	36-3654697				Humana Dental Concern, Ltd.	..IL	..IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of GA, Inc.	..GA	..IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	..LA	..IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	..NY	..IA	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	..FL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	..CA	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	..OH	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95024	61-0994632				Humana Health Plan of Texas, Inc.	..TX	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95885	61-1013183				Humana Health Plan, Inc.	..KY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	..PR	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-0647538			NYSE	Humana Inc.	..DE	..UIP		Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-1343791				Humana Innovation Enterprises, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.73288	39-1263473				Humana Insurance Company	..WI	..IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.60219	61-1311685				Humana Insurance Company of Kentucky	..KY	..IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.12634	20-2888723				Humana Insurance Company of New York	..NY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	..PR	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	..PR	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-1343508				Humana MarketPOINT, Inc.	..KY	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.14224	27-3991410				Humana Medical Plan of Michigan, Inc.	..MI	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	..PA	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.12908	20-8411422				Humana Medical Plan of Utah, Inc.	..UT	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95270	61-1103898				Humana Medical Plan, Inc.	..FL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	45-2254346				Humana Pharmacy Solutions, Inc.	..KY	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-1316926				Humana Pharmacy, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.12282	20-2036444				Humana Regional Health Plan, Inc.	..AR	..OTH	Arcadian Management Services, Inc./Arcadian Health Plan, Inc.	Ownership	100.000	Humana Inc.	6
.0119	Humana Inc.	.00000	20-8418853				Humana Veterans Healthcare Services, Inc.	..DE	..NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	26-4522426				Humana WellWorks LLC	..DE	..NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	..WI	..IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.70580	39-0714280				HumanaDental Insurance Company	..WI	..IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-1364005				HumanaDental, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	27-4535747				HumanaVitality, LLC	..DE	..NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-1239538				Humco, Inc.	..KY	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	..FL	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	26-3583438				HUM-Holdings International, Inc.	..KY	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	..OH	..NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	39-1769093				Independent Care Health Plan	..WI	..OTH	See Footnote 4	Other	100.000	Humana Inc.	4
.0119	Humana Inc.	.65110	57-0380426				Kanawha Insurance Company	..SC	..IA	KMG America Corporation	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	20-1377270				KMG America Corporation	..VA	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	..VT	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	65-0879131				METCARE of Florida, Inc.	..FL	..NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	65-0635728				Metropolitan Health Networks, Inc.	..FL	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	65-0992582				Naples Health Care Specialists, LLC	..FL	..NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	..FL	..NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	..TN	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0

STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	56-2593719				SeniorBridge (NC), Inc.	NC	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	80-0581269				SeniorBridge Care Management, Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0702349				SeniorBridge Family Companies (AZ), Inc.	AZ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3039782				SeniorBridge Family Companies (CA), Inc.	CA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-0452360				SeniorBridge Family Companies (CT), Inc.	CT	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	02-0660212				SeniorBridge Family Companies (IL), Inc.	IL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	81-0557727				SeniorBridge Family Companies (MD), Inc.	MD	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0677759				SeniorBridge Family Companies (MO), Inc.	MO	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-4484449				SeniorBridge Family Companies (NJ), Inc.	NJ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0260501				SeniorBridge Family Companies (OH), Inc.	OH	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	38-3643832				SeniorBridge Family Companies (PA), Inc.	PA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	01-0766084				SeniorBridge Family Companies (TX), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0691871				SeniorBridge Family Companies (VA), Inc.	VA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
							SeniorBridge Family Companies (FL), Inc.							
0119	Humana Inc.	00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA		Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-0338595				Seredor Corporation	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-0597187				St. Mary's Medical Park Pharmacy, Inc.	AZ	NIA	Humana Pharmacy, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	32-0375132				Symphony Health Partners - Midwest, LLC	DE	NIA	See Footnote 7	Ownership	0.000	Humana Inc.	7
0119	Humana Inc.	00000	45-5032192				Symphony Health Partners, Inc.	DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2600512				Humana at Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	80-0072760				Transcend Insights, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-5329373				Transcend, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0

Asterisk	Explanation
1	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest.
2	CM Occupational Health, Limited Liability Company is a Maine limited liability company. Occupational Health + Rehabilitation LLC has a 90% ownership interest and Advanced Health Services, Inc. has a 10% ownership interest.
3	Concentra Akron, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Akron General Partners, Inc. has a 49% ownership interest.
4	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers of Excellence, Inc. owns the other 50%.
5	OHR/MMC, Limited Liability Company is a Main limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Maine Health has a 49% ownership interest.
6	Ownership is 60% Arcadian Health Plan, Inc., 40% Arcadian Management Services, Inc.
7	Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC.
8	Concentra Arkansas, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and St. Vincent Community Health Services, Inc. has a 49% ownership interest.
9	Concentra Occupational Healthcare Harrisburg, L.P. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Pinnacle Health Hospitals has a 49% interest.
10	Concentra South Carolina, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and North Trident Regional Hospital, Inc. has a 49% ownership interest.
11	Concentra St. Louis, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 70% ownership interest and Tenet HealthSystem SL-HLC, Inc. has a 30% ownership interest.
12	Concentra-UPMC, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Community Occupational Medicine, Inc. has a 49% ownership interest.

STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

Asterisk	Explanation
13	CHR/Baystate, LLC is a Massachusetts limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Bayside Medical Center has a 49% ownership interest.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1. This type of business is not written.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
2504.	Prepaid Expenses	2,847	2,847	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	2,847	2,847	0	0

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest point and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	55,499,570	89,129,928
2. Cost of bonds and stocks acquired	7,203,946	14,896,226
3. Accrual of discount	21,099	44,370
4. Unrealized valuation increase (decrease)	(533,199)	(98,435)
5. Total gain (loss) on disposals	54,461	(28,625)
6. Deduct consideration for bonds and stocks disposed of	9,229,492	47,968,159
7. Deduct amortization of premium	183,620	475,735
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	52,832,765	55,499,570
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	52,832,765	55,499,570

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	43,099,147	23,561,474	25,148,369	17,679	43,099,147	41,529,931	0	44,809,722
2. NAIC 2 (a)	5,367,414	44,921	400,000	(100,566)	5,367,414	4,911,769	0	5,485,079
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	9,018	0	0	1,545	9,018	10,563	0	8,825
7. Total Bonds	48,475,579	23,606,395	25,548,369	(81,342)	48,475,579	46,452,263	0	50,303,626
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	48,475,579	23,606,395	25,548,369	(81,342)	48,475,579	46,452,263	0	50,303,626

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$2,120,698 ; NAIC 2 \$0 ; NAIC 3 \$0 ;
NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	2,120,698	xxx	2,120,698	274	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	3,838,453	1,832,275
2. Cost of short-term investments acquired	39,625,073	86,313,360
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	41,342,828	84,307,182
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,120,698	3,838,453
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	2,120,698	3,838,453

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	1,499,981
2. Cost of cash equivalents acquired	0	999,974
3. Accrual of discount	0	45
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	0	2,500,000
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
313466-XC-2	FEDERAL HOME LOAN MTGE CO	AGCY FTST	04/21/2015	NOMURA SECURITIES		150,000	150,000	0	1FE
912828-06-8	UNITED STATES TREASURY	GOVERNMENT	06/30/2015	BARCLAYS CAPITAL		544,416	520,000	2,300	1
912828-SD-3	UNITED STATES TREASURY	GOVERNMENT	06/08/2015	BMO CAPITAL MARKETS		318,950	320,000	1,425	1
0599999. Subtotal - Bonds - U.S. Governments						1,013,366	990,000	3,725	XXX
419794-YA-4	HAWAII ST	MUNI	06/08/2015	BARCLAYS CAPITAL		54,027	50,000	1,111	1FE
97705M-AH-8	WISC ST FOR ISSUES DTD PR	MUNI	06/15/2015	J.P. MORGAN		197,135	170,000	0	1FE
97705M-AJ-4	WISC ST FOR ISSUES DTD PR	MUNI	06/15/2015	J.P. MORGAN		111,768	95,000	0	1FE
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions						362,930	315,000	1,111	XXX
373384-Y3-4	GA ST	MUNI	06/11/2015	CITIGROUP GLOBAL MARKETS INC		188,384	165,000	0	1FE
409558-3X-9	HAMPTON VA	MUNI	06/08/2015	J.P. MORGAN		71,058	60,000	400	1FE
49151F-HD-5	KY ST PPTY & BLDGS -KY	MUNI	06/08/2015	MORGAN STANLEY		69,112	60,000	1,000	1FE
494890-A2-2	KING COUNTY WA	MUNI	06/08/2015	BARCLAYS CAPITAL		75,830	65,000	433	1FE
57582P-Q5-2	MASSACHUSETTS ST	MUNI	06/08/2015	J.P. MORGAN		52,932	45,000	813	1FE
59447P-MN-8	MICHIGAN FIN AUTH REV	MUNI	06/08/2015	MORGAN STANLEY		48,893	45,000	1,000	1FE
649902-YL-1	NEW YORK ST DORM AUTH REVS	MUNI	06/08/2015	J.P. MORGAN		108,015	95,000	2,322	1FE
68607V-P3-3	OREGON ST DEPT ADMINISTRATIVE	MUNI	06/08/2015	J.P. MORGAN		52,094	45,000	438	1FE
70914P-YH-9	PENNSYLVANIA ST	MUNI	06/11/2015	MERRILL LYNCH, PIERCE, FENNER & SMI		135,310	125,000	0	1FE
786107-JR-4	SACRAMENTO CNTY CALIF ARPT SYS REV		06/16/2015	MERRILL LYNCH, PIERCE, FENNER & SMI		128,491	120,000	2,940	1FE
794665-FT-1	SALES TAX ASSET RECEIVABLE COR		06/10/2015	VARIOUS		144,755	125,000	1,031	1FE
842477-TK-7	SOUTHERN CALIFORNIA PUB PWIR AUTH REV		06/08/2015	MORGAN STANLEY		73,169	65,000	701	1FE
88283L-HY-5	TX TRANSN COMMN ST HWY FD R	MUNI	06/08/2015	MORGAN STANLEY		52,116	45,000	436	1FE
927781-Q3-1	VIRGINIA COLLEGE BLDG AUTH	MUNI	06/09/2015	JEFFERIES		112,869	100,000	1,819	1FE
3199999. Subtotal - Bonds - U.S. Special Revenues						1,313,028	1,160,000	13,333	XXX
00287Y-AQ-2	ABBVIE INC	CORPORATE	05/05/2015	MERRILL LYNCH		44,921	45,000	0	2FE
023135-AM-8	AMAZON.COM INC	CORPORATE	06/03/2015	MORGAN STANLEY		305,676	300,000	83	1FE
0258MO-DT-3	AMERICAN EXPRESS CO	CORPORATE	05/20/2015	DEUTSCHE BANK		124,878	125,000	0	1FE
172967-JP-7	CIT GROUP INC	CORPORATE	04/22/2015	CITIGROUP GLOBAL MARKETS INC		79,851	80,000	0	1FE
437076-BG-6	HOME DEPOT INC	CORPORATE	05/28/2015	J.P. MORGAN		74,724	75,000	0	1FE
46625H-KA-7	JP MORGAN CHASE & CO	CORPORATE	06/08/2015	J.P. MORGAN		148,179	150,000	1,294	1FE
585055-BF-2	MEDTRONIC INC	CORPORATE	06/03/2015	MORGAN STANLEY		166,144	165,000	951	1FE
61761J-B3-2	MORGAN STANLEY GROUP	CORPORATE	06/11/2015	MORGAN STANLEY		339,592	340,000	0	1FE
69353R-EP-9	PNC BANK NA	CORPORATE	05/27/2015	CITIGROUP GLOBAL MARKETS INC		249,425	250,000	0	1FE
928668-AM-4	VOLKSWAGEN OF AMERICA	CORPORATE	05/19/2015	GOLDMAN SACHS		199,710	200,000	0	1FE
94974B-GK-0	WELLS FARGO CO	CORPORATE	04/23/2015	WELLS FARGO		189,365	190,000	0	1FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,922,465	1,920,000	2,328	XXX
8399997. Total - Bonds - Part 3						4,611,789	4,385,000	20,497	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						4,611,789	4,385,000	20,497	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						4,611,789	XXX	20,497	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident-ification	Description	For-ign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn-ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date	NAIC Desig-nation or Market In-dicator (a)
36202E-LJ-6	GOVERNMENT NATIONAL MORTGAGE GNMA		06/22/2015	MBS PAYDOWN		5,185	5,185	5,129	5,167	.0	.18	.0	.18	.0	5,185	.0	.0	.0	104	12/01/2036	1
36225B-5M-6	GOVERNMENT NATIONAL MORTGAGE GNMA		06/01/2015	MBS PAYDOWN		1,892	1,892	1,897	1,893	.0	(1)	.0	(1)	.0	1,892	.0	.0	.0	40	06/01/2019	1
36241K-KV-9	GOVERNMENT NATIONAL MORTGAGE GNMA		06/01/2015	MBS PAYDOWN		2,891	2,891	2,866	2,888	.0	.2	.0	.2	.0	2,891	.0	.0	.0	66	08/01/2021	1
36290R-QT-3	GOVERNMENT NATIONAL MORTGAGE GNMA		06/01/2015	MBS PAYDOWN		8,179	8,179	8,077	8,175	.0	.5	.0	.5	.0	8,179	.0	.0	.0	156	06/01/2033	1
36291N-DU-2	GOVERNMENT NATIONAL MORTGAGE GNMA		06/01/2015	MBS PAYDOWN		1,627	1,627	1,632	1,627	.0	.0	.0	.0	.0	1,627	.0	.0	.0	37	01/01/2021	1
36291U-AS-4	GOVERNMENT NATIONAL MORTGAGE GNMA		06/01/2015	MBS PAYDOWN		2,339	2,339	2,301	2,335	.0	.4	.0	.4	.0	2,339	.0	.0	.0	48	12/01/2019	1
36297A-KC-6	GOVERNMENT NATIONAL MORTGAGE GNMA		06/01/2015	MBS PAYDOWN		44,402	44,402	45,263	44,484	.0	(82)	.0	(82)	.0	44,402	.0	.0	.0	789	01/01/2024	1
912828-NL-0	UNITED STATES TREASURY GOVERNMENT		06/30/2015	MATURITY		520,000	520,000	523,294	520,514	.0	(514)	.0	(514)	.0	520,000	.0	.0	.0	4,875	06/30/2015	1
912828-UT-5	UNITED STATES TREASURY GOVERNMENT		04/06/2015	PRIOR YEAR INCOME		.0	.0	.0	.0	.0	.0	.0	.0	.0	1,250	.0	.0	.0	1,250	03/31/2015	1
0599999	Subtotal - Bonds - U.S. Governments					586,515	586,515	590,459	587,083	0	(568)	0	(568)	0	586,515	0	0	0	7,365	XXX	XXX
906347-GX-1	UNION CNTY NJ IMPT AUTH MUNI FTST		04/01/2015	CALLED SECURITY at 100,000		40,000	40,000	39,875	39,924	.0	.76	.0	.76	.0	40,000	.0	.0	.0	1,058	04/01/2018	1FE
2499999	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					40,000	40,000	39,875	39,924	0	.76	0	.76	0	40,000	0	0	0	1,058	XXX	XXX
3128M8-RT-3	FGOLD 30YR GIANY FHLMC		06/01/2015	MBS PAYDOWN		6,652	6,652	7,144	6,677	.0	(25)	.0	(25)	.0	6,652	.0	.0	.0	111	04/01/2041	1
3128M9-SG-8	FGOLD 30YR GIANY FHLMC		06/22/2015	VARIOUS		274,342	256,991	276,025	276,395	.0	(1,225)	.0	(1,225)	.0	275,169	.0	(827)	(827)	5,789	06/01/2043	1
3128M8-DN-4	FREDDIE MAC FHLMC		06/01/2015	VARIOUS		3,363	3,363	3,413	3,368	.0	(5)	.0	(5)	.0	3,363	.0	.0	.0	87	04/01/2022	1
3132GK-ZQ-2	FGOLD 30 YR FHLMC		06/01/2015	MBS PAYDOWN		6,060	6,060	6,509	6,081	.0	(22)	.0	(22)	.0	6,060	.0	.0	.0	104	11/01/2041	1
3138EN-BG-3	FNMA 30 YR POOL FNMA		06/30/2015	VARIOUS		326,671	305,760	328,405	328,941	.0	(1,596)	.0	(1,596)	.0	327,346	.0	(674)	(674)	6,878	07/01/2044	1
3138W1-4Q-7	FED NTL MTG ASSO 30YR		06/01/2015	MBS PAYDOWN		43,825	43,825	45,370	43,873	.0	(48)	.0	(48)	.0	43,825	.0	.0	.0	562	03/01/2043	1
3138W7-GF-5	FNMA 30YR TBA FNMA		06/01/2015	MBS PAYDOWN		19,763	19,763	19,103	19,736	.0	.26	.0	.26	.0	19,763	.0	.0	.0	251	03/01/2043	1
3138WA-EE-3	FED NTL MTG ASSO CMBS		06/02/2015	VARIOUS		480,816	448,133	481,323	481,913	.0	(1,967)	.0	(1,967)	.0	479,946	.0	.870	.870	9,397	11/01/2043	1
3138WE-AC-3	FED NTL MTG ASSO FNMA		06/01/2015	MBS PAYDOWN		19,756	19,756	20,740	.0	(13)	.0	(13)	.0	.0	19,756	.0	.0	.0	97	03/01/2030	1
3138WE-AJ-8	FED NTL MTG ASSO FNMA		06/01/2015	MBS PAYDOWN		1,909	1,909	2,003	.0	.0	(1)	.0	(1)	.0	1,909	.0	.0	.0	12	02/01/2030	1
3138WE-AM-1	FED NTL MTG ASSO FNMA		06/01/2015	MBS PAYDOWN		3,246	3,246	3,407	.0	.0	(2)	.0	(2)	.0	3,246	.0	.0	.0	20	02/01/2030	1
3138WP-JE-5	FNMA 15YR		06/01/2015	MBS PAYDOWN		23,657	23,657	24,716	23,722	.0	(66)	.0	(66)	.0	23,657	.0	.0	.0	248	04/01/2028	1
3138X8-2D-2	FANNIE MAE 15 YR MBS/POOL FNMA		06/03/2015	VARIOUS		323,978	312,007	321,611	321,249	.0	(733)	.0	(733)	.0	320,516	.0	3,462	3,462	5,040	12/01/2028	1
3138XC-4L-3	FANNIE MAE 15 YR MBS/POOL FNMA		06/02/2015	VARIOUS		179,809	172,664	177,978	177,724	.0	(402)	.0	(402)	.0	177,322	.0	2,487	2,487	2,785	11/01/2028	1
3138XD-TP-5	FNMA 30 YR POOL FNMA		06/23/2015	VARIOUS		1,679,073	1,576,025	1,693,118	1,694,973	.0	(7,355)	.0	(7,355)	.0	1,687,618	.0	(8,545)	(8,545)	35,579	01/01/2044	1
3138XQ-BE-0	FED NTL MTG ASSO FNMA		06/01/2015	MBS PAYDOWN		7,588	7,588	.0	.0	.0	(7)	.0	(7)	.0	7,588	.0	.0	.0	38	04/01/2029	1
3138YF-E3-4	FED NTL MTG ASSO FNMA		06/01/2015	MBS PAYDOWN		697	697	732	.0	.0	.0	.0	.0	.0	697	.0	.0	.0	3	02/01/2030	1
31417G-L7-9	FED NTL MTG ASSO FNMA		06/10/2015	VARIOUS		1,160,691	1,169,094	1,130,003	1,130,780	.0	1,842	.0	1,842	.0	1,132,622	.0	28,069	28,069	18,418	05/01/2043	1
3199999	Subtotal - Bonds - U.S. Special Revenues					4,561,896	4,377,190	4,549,567	4,515,432	0	(11,599)	0	(11,599)	0	4,537,055	0	24,842	24,842	85,419	XXX	XXX
023135-AN-6	AMAZON.COM INC CORPORATE		06/03/2015	MORGAN STANLEY CALLED SECURITY at 100,000		302,478	300,000	298,914	298,914	.0	.45	.0	.45	.0	298,959	.0	3,519	3,519	5,795	12/05/2024	1FE
07388R-AF-4	BEAR STEARNS CO. CMBS		06/11/2015	100,000		8,126	8,126	8,992	8,973	.0	(847)	.0	(847)	.0	8,126	.0	.0	.0	288	02/01/2044	1FIM
110122-AA-6	BRISTOL-MYERS SQUIBB CO CORPORATE		05/13/2015	CALLED SECURITY at 128,943		18,052	14,000	15,588	15,288	.0	(44)	.0	(44)	.0	15,243	.0	2,809	2,809	412	06/15/2023	1FE
12543P-AK-9	COUNTRYWIDE HOME LOANS CMO		06/25/2015	100,000		1,450	1,450	1,228	1,238	.0	212	.0	212	.0	1,450	.0	.0	.0	30	02/25/2037	1FIM
17311A-AD-7	CITICORP MORTGAGE SECURITIES, CMO		06/25/2015	100,000		1,008	1,008	1,005	1,006	.0	.0	.0	.0	.0	1,006	.0	.2	.2	23	12/25/2021	1FIM
200340-AL-1	COMERICA INC CORPORATE		05/01/2015	MATURITY		100,000	100,000	96,396	99,560	.0	440	.0	440	.0	100,000	.0	.0	.0	2,400	05/01/2015	2FE
20173W-AF-5	CMILT CORPORATE		06/10/2015	100,000		792	792	900	937	.0	(145)	.0	(145)	.0	792	.0	.0	.0	20	12/01/2049	1FIM
216871-AD-5	COOPER US INC CORPORATE		04/01/2015	MATURITY		200,000	200,000	201,027	200,057	.0	(57)	.0	(57)	.0	200,000	.0	.0	.0	5,450	04/01/2015	2FE
38141E-A2-5	GOLDMAN SACHS & CO CORPORATE		06/05/2015	117,345		117,345	100,000	125,833	117,700	.0	(1,799)	.0	(1,799)	.0	115,901	.0	1,444	1,444	6,146	02/15/2019	1FE
46629P-AC-2	JPMCC 06-LDP9 CMBS		06/15/2015	VARIOUS		23,612	23,611	27,028	26,784	.0	(3,169)	.0	(3,169)	.0	23,611	.0	.0	.0	638	05/01/2047	1FIM
46630J-AC-3	JP MORGAN CHASE CMBS		06/15/2015	VARIOUS		12,260	12,260	14,092	13,669	.0	(1,409)	.0	(1,409)	.0	12,260	.0	.0	.0	251	01/01/2049	1FIM
46632H-AG-6	JPMCC 07-LD12 CMBS		06/15/2015	VARIOUS		215	215	245	234	.0	(19)	.0	(19)	.0	215	.0	.0	.0	5	02/01/2051	1FIM
532457-AN-8	ELI LILLY & CO CORPORATE		06/11/2015	CALLED SECURITY at 106,480		106,480	100,000	102,962	100,855	.0	5,625	.0	5,625	.0	106,480	.0	.0	.0	3,285	01/01/2016	1FE
585055-BM-7	MEDTRONIC INC CORPORATE		06/03/2015	MERRILL LYNCH, PIERCE, FENNER & SM		165,959	165,000	163,419	163,424	.0	.46	.0	.46	.0	163,470	.0	2,488	2,488	2,855	03/15/2025	1FE
60687V-AF-2	MLCFC 06-3 CMBS		06/12/2015	VARIOUS		4,215	4,215	4,647	4,267	.0	(52)	.0	(52)	.0	4,215	.0	.0	.0	83	07/01/2046	1FIM
61750W-AS-2	MSC-99 CMBS		06/15/2015	100,000		1,691	1,691	1,862	1,858	.0	(167)	.0	(167)	.0	1,691	.0	.0	.0	37	12/01/2043	1FIM
61751N-AB-8	MSC 07-HQ11		06/12/2015	VARIOUS		403	403	440	426	.0	(24)	.0	(24)	.0	403	.0	.0	.0	9	02/01/2044	1FIM

STATEMENT AS OF JUNE 30, 2015 OF THE Arcadian Health Plan, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident- ification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation or Market In- dicator (a)
744320-AG-0 92978P-AF-6	PRUDENTIAL FINANCIAL INC CORPORATE WBGMT 03 CMBS		06/13/2015 06/17/2015	MATURITY VARIOUS		100,000 170	100,000 170	97,400 187	99,600 175	0 0	400 (6)	0 0	400 (6)	0 0	100,000 170	0 0	0 0	0 0	2,375 4	06/13/2015 11/01/2048	2FE 1FM
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,164,256	1,132,941	1,162,165	1,154,965	0	(970)	0	(970)	0	1,153,992	0	10,262	10,262	30,106	XXX	XXX
8399997. Total - Bonds - Part 4						6,352,667	6,136,646	6,342,066	6,297,404	0	(13,061)	0	(13,061)	0	6,317,562	0	35,104	35,104	123,948	XXX	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999. Total - Bonds						6,352,667	6,136,646	6,342,066	6,297,404	0	(13,061)	0	(13,061)	0	6,317,562	0	35,104	35,104	123,948	XXX	XXX
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals						6,352,667	XXX	6,342,066	6,297,404	0	(13,061)	0	(13,061)	0	6,317,562	0	35,104	35,104	123,948	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....0

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
US BANK Knoxville, TN		0.000	0	0	(887,877)	(1,089,089)	(979,684)	XXX
JP MORGAN CHASE New York, NY		0.000	0	0	31,759	12,268	520,285	XXX
BANK OF NY West Paterson, NJ		0.000	0	0	18,096	21,902	27,548	XXX
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	(838,022)	(1,054,919)	(431,852)	XXX
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(838,022)	(1,054,919)	(431,852)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	0	0	(838,022)	(1,054,919)	(431,852)	XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter
N O N E